

# Student Accommodation Booking Form

Title ..... First Name..... Surname: .....

Email Address .....

Contact Number .....

How did you hear about us .....

Preferred method of communication .....

Nationality ..... D.O.B .....

Home Address .....

Duration of Stay 45  weeks or 52  weeks (please tick appropriate box)

Preferred rental payment: in full  termly  monthly  (please tick appropriate box)

University .....Course .....

Year of Study.....Student Number (if known).....

Date accommodation required from.....

Room preferences .....  
(not guaranteed)

Source of Funding .....

Next of Kin Details .....

